

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name City of San Jose Division, Department, or Region (if applicable) City Manager's Office Designated Agency Contact (Name, Title) Norberto Duenas, City Manager Area Code/Phone Number E-mail (408) 535-8111 webmaster.manager@sanjoseca.gov		<div style="border: 1px solid black; padding: 5px;"> San Jose City Clerk Date Stamp: 2016 APR 20 PM 4:03 California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) </div>
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$126.00

Event Description: Justin Bieber Concert Date(s) 3 / 17 / 16 _____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Office of the City Manager - Emergency Operations Center (EOC) Team	16	Employee Recognition: EOC Activation during SB50 week (Jan. 31 - Feb. 8, 2016)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee	<u>NORBERTO DUENAS</u> Print Name	<u>CITY Manager</u> Title	<u>4/20/16</u> (month, day, year)
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Comment: _____